

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVIII.

THURSDAY, MARCH 19, 1863.

No. 7.

DIPHTHERIA IN THE BRITISH PROVINCES.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Your JOURNAL of the 8th has just reached me in this remote portion of the civilized world, and in perusing it I have observed a few brief inquiries made, by an Ohio correspondent, in reference to the most efficient medical treatment of diphtheria. I am therefore incited to pen the following lines, as I have lately been remarkably successful in treating a number of very severe cases of that most dangerous and much-to-be-dreaded malady. Much has already been written on this subject, since the first appearance of the disease in North America, and I do not know that I can offer anything of very great value, or perhaps of any more importance than is already known by almost every member of the profession. The treatment of a disease of this nature cannot, however, be too much commented upon; and the experience of all is necessary towards forming definite and correct conclusions. Diphtheria is one of the most formidable diseases the medical practitioner can meet with in his daily rounds, and one of the most unsatisfactory to treat, as he cannot rely upon any internal treatment that has yet been suggested. I have learned, therefore, to regard the progress of a case of diphtheria with the greatest anxiety, and in but few instances have I felt justified in assuring the patient or friends of success in the treatment I adopt.

In your answer to your Ohio correspondent you state that "Boston has been remarkably exempt from its visitations," while surrounding districts have suffered much from its ravages. I would beg leave to add that this appears to be a peculiar feature of the disease. Some communities are more susceptible of its infectious influence than others. In the latter part of the year 1855 or beginning of 1856, diphtheria first made its appearance in this Province. At that time I was a student with a physician of very extensive practice in Halifax, and had an opportunity of witnessing the treatment of a large number of cases, many of which proved fatal. Thus a period of nearly eight years has elapsed since it spread through many parts of the Province, and the community in which I

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now reside has never been visited by it until within the last two months; although in the adjoining township it has, during the last two years, made its appearance several times. It is only within the last two or three years that the disease was first noticed in the Island of Cape Breton. The first cases appeared at Louisburg, the old French capital, situated about thirty miles from this place. Nearly every case proved fatal, as there was no medical attendant in the community, and the patients were badly nourished and ill cared for. A few months after, the disease disappeared from that place, and has not since returned. I am acquainted with many localities in this and neighboring counties where the disease is altogether unknown; while there are other communities which have scarcely been free from its presence for several years.

Three weeks since, I had on my list fifteen cases of the very worst form of the disease, every one of which is now either convalescent or completely recovered. I shall take the liberty of citing one or two of these cases.

Mrs. F., aged 61, a strong, robust and generally healthy woman, on the morning of Dec. 22d, complained to her family of slight soreness of the throat, and a feeling of lassitude. At 2, P.M., was suddenly attacked with dizziness and fainting. I was called immediately, and when I reached the house she was recovering from a state of syncope; the pulse was extremely weak and there was great pallor of the countenance. After using the usual remedies, she was very shortly restored to complete consciousness. I then examined the throat, but could perceive nothing except slight redness of the mucous membrane lining the soft palate, tonsils, and fauces; however, as much pain and uneasiness about the throat was complained of, I ordered hop fomentations to be applied externally, and a saturated solution of the chlorate of potash to be used freely as a gargle every two or three hours. I also prescribed the sesqui-carbonate of ammonia in ten-grain doses, and a tablespoonful of brandy, to be given alternately every hour. At 7, P.M., I visited the patient again, and found the pulse and general appearance much improved; the tonsils and uvula somewhat swollen, and some difficulty in breathing. Applied a solution of the nitrate of silver to the tonsils, &c.; ordered brandy and ammonia to be given every two hours, alternately, through the night.

The following morning, on examining the throat, I found the uvula and right tonsil much swollen, and thickly coated with the pseudo-membranous deposit peculiar to diphtheria. The fauces were of a very dark color, the tongue covered with a dark fur, and the lips parched and dark. The pulse was quick and feeble, and the patient complained of great debility. The skin was hot and dry, and the febrile symptoms generally were well marked. Pains through different parts of the body and extremities were complained of, and some difficulty in walking experienced. I ordered half a pint of beef tea and half a

wineglassful of brandy to be given every three hours; carbonate of ammonia every two hours. Ten grains of the nitrate of potash, with six grains of Dover's powder, to be given every four hours; and the free application, to the tonsils and fauces, of the solution of the nitrate of silver (one drachm to the ounce), every six or eight hours, and the constant use of the gargle before named.

Third morning, patient much worse; all the symptoms aggravated; strength sinking; deposit had extended over a quarter part of soft palate, and there was great difficulty in swallowing, although very slight difficulty in breathing. Ordered a tablespoonful of castor oil to be given immediately, and if this did not operate in four or five hours, to be repeated. Brandy to be given every two hours, and as much nourishment in the shape of beef tea, &c., as the patient could be urged to take. The other treatment to be continued as above, excepting that the nitrate of potash and Dover's powder were to be given every six, instead of every four hours.

The fourth morning, I found that the patient had rested better during the night; there was a gentle moisture of the skin, and the tongue was not so dry and dark as the day previous. The membranous deposit did not adhere so tenaciously, and could be scraped off with the swab, in many places, leaving a raw, bleeding surface beneath. Although there was some improvement in the symptoms generally, there was greater debility, and the pulse was so feeble that I feared the patient would sink from exhaustion. Ordered the brandy and ammonia to be given every hour until I saw patient again. In the evening the pulse had improved, and the symptoms of sinking were not so marked. The brandy was then ordered to be given every two hours. After this, the deposit separated from the mucous membrane, the symptoms subsided slowly, and the strength gradually increased; the above treatment, however, being continued for several days.

Several weeks elapsed before the patient could walk about the house as formerly, and before she felt her usual health return; indeed, she has not yet recovered her former strength and healthy appearance, although she is quite well.

On the 27th of December, I was called to see Lucy L., aged 11 years. I found she had been so ill as to be confined to bed for several days, complaining of headache, pains in the back and loins, nausea and vomiting, and debility. The skin was hot, the pulse quick, the tongue loaded with a dark coat, and much thirst. The mother of the patient had supposed the complaint to be nothing more than the epidemic of influenza, that was at this time prevailing in the neighborhood, and had accordingly been treating it with a few simple domestic remedies. I examined the throat carefully, but discovered nothing except a dark-red appearance of the mucous membrane. On examining the chest, I found the bronchial mucous membrane in a high state of congestion. I ordered a tablespoonful

of brandy to be given every three hours, and beef tea to be given freely. A mustard poultice was applied over the chest. Nitrate of potash and Dover's powder were prescribed, and cooling drinks ordered.

28th.—I found the patient weaker: had rested poorly during the night; much delirium, and a tendency to stupor. Cough troublesome, and some difficulty in breathing. Ordered mustard to be repeated to chest. Prescribed a mixture, containing ipecac., tr. opii, camph., spts. eth. nit., and acet. scillæ. Brandy and beef tea to be continued.

29th.—Greater prostration of the system; epistaxis; diarrhœa; delirium; lips and tongue parched and cracked; and, in fact, all the symptoms of typhoid fever. The nausea was so great, that it was with the greatest difficulty the patient could be urged to take even a teaspoonful of beef tea, and very frequently it was thrown off again immediately.

30th.—Some improvement was noticed; had slept some; less delirium, &c. I had been careful to examine the throat every time I saw the patient, and on this day noticed some congestion, and swelling of the tonsils and uvula; noticed, also, that the patient had much difficulty in swallowing. I ordered a sinapism externally, and applied solution of nitrate of silver internally. Brandy and ammonia to be given frequently.

31st.—One tonsil, uvula and part of soft palate, thickly coated with the membranous deposit. Extreme debility. Other symptoms much improved. More nourishment was taken, and retained. Throat well swabbed every three or four hours with dilute muriatic acid (one drachm to an ounce of water). Nitrate of silver to be applied every eight hours. Brandy to be given every two hours, and ten grains carb. ammon. every hour.

January 1st.—Deposit does not adhere so tenaciously; portions of it can be rubbed off with the swab, leaving a raw, bleeding surface beneath. Tongue and lips cleaning nicely. Patient so extremely weak that the nurse assured me she had several times to listen to the chest to ascertain whether she were breathing. The patient continued in this state for three or four days, and at times her friends thought she were dying. When thus weak, the brandy was given every hour; at other times every two hours, and as much nourishment as she could be urged to take. She fancied boiled milk, and it was allowed her; also a light boiled egg; and anything she asked for, I allowed her to have. During this time she was taking quinine and dilute sulph. acid, in every fourth dose of brandy. The applications were continued to the throat, &c., and about the fourth or fifth day after the deposit made its appearance, the parts looked quite clean and healthy. The strength has been gradually increasing, but the patient is still too weak to leave the house.

I have had several other cases exactly similar, where all the symp-

toms of typhoid fever preceded the diphtheritic deposit upon the throat, and my treatment has been the same as for typhoid. The best method, I believe, is to watch the symptoms closely and treat them as they appear. In treating diphtheria, the chief thing is to keep the patient from sinking; and this can only be done by the use of large and often repeated doses of brandy and ammonia. It is astonishing what immense quantities of brandy a patient suffering from this disease can bear, without creating much excitement in the system. From what experience I have had in the treatment of this disease, I firmly believe that if the system can be supported, Nature will throw it off without any further assistance, except it may be an occasional dose of castor oil, and the application of the nitrate of silver to the throat. The chlorate of potash has been very extensively used, internally, in many parts of this country, and apparently with success. I have only used it as a gargle, and cannot speak of its internal use. Calomel, in small doses, is also highly recommended, but I have not used it in any of the cases that have come under my care. With the exception of the local applications to the throat, and the constant use of stimulants, the more simple the treatment the better. Nothing can exceed in value the nitrate of silver, either solid or in solution, for local application. When the deposit adheres firmly to the mucous membrane, the free use of the solid caustic is best; but this should not prevent the use of the solution at the same time, as this latter reaches every part, which the former will not do.

The saturated solution of chlorate of potash makes a valuable gargle. To eight ounces of it I generally add one ounce of tincture of myrrh. I do not know that there is any better gargle than this. Salt and vinegar make a very good gargle in common cases. The following I have found excellent:—Tr. iodine, ʒ ij.; tr. myrrh, ʒ i.; aqua, ʒ iij.; M. I have used with much success diluted muriatic acid. Tinct. capsicum, and tr. ferri mur. have also been used with some success. Whatever gargle is used, should be used frequently—every two or three hours, if the patient is not sleeping. Children can seldom gargle their throats as freely as adults, and I prefer the swab or sponge probang in their cases. A piece of sponge, fastened on a stick or piece of whalebone, answers the purpose very well. In some cases a syringe may be used, and the gargle thrown with considerable force into the throat. In many cases, where there is much swelling and inflammation about the throat, fomentations of hops and sinapisms externally are very useful, but the latter should not be repeated often, as it may weaken the patient.

Too much value cannot be attached to the use of stimulants in the treatment of this disease; they are the sheet anchor, and should in all cases be given largely.

I observe, in a late number of your valuable JOURNAL, an excellent article on the use of oxygen gas in the treatment of typhus

and typhoid; and I feel confident that it would be of equal benefit in the treatment of diphtheria. I have often thought of it, but never ventured to make the experiment. I shall do so now, however, the first opportunity I have. In it, I feel assured, we have an element that will meet the requirements of the case, and a much cheaper one than brandy for the poor man. Where deaths have occurred in this country from this disease, it has generally been among the poor, who were badly nourished, and could not afford stimulants.

I could make many more remarks upon the nature and treatment of this wretched disease, but I fear that I have already trespassed upon you, and will occupy no more space in your pages, than can conveniently be spared.

I remain, very truly yours,

North Sidney, Cape Breton, } C. SCHOMBERG ELLIOT, M.D.
January 28th, 1863. }

MEDICAL HISTORY OF THE SEVENTEENTH REGIMENT MASS. VOLUNTEERS.

COMMUNICATED TO THE SURGEON-GENERAL OF MASSACHUSETTS BY SURGEON ISAAC F. GALLOUPE.

I.—COMMANDING OFFICERS.—Col. Lyman Dyke, of the 7th Regiment Mass. Vol. Militia, was put temporarily in command of this Regiment upon the day of its formation (July 10th, 1861). John F. Fellows, Esq., of Chelsea, was commissioned as Lt. Col. on the 20th of August succeeding, and took command of the Regiment. On Sept. 2d, Capt. T. I. C. Amory, of the 7th U. S. Infantry, was commissioned as Colonel. He took, and continued in, command of the Regiment until the 4th of April, 1862, when he was relieved to take command of a brigade; thus devolving the command of the Regiment upon Lt. Col. Fellows, who has continued to hold it until the present time.

II.—MEDICAL OFFICERS.—Dr. I. F. Galloupe, of Lynn, was appointed Surgeon of the Regiment upon the 10th of July, 1861, and continued in charge of it till the 4th of April, 1862, when he was detailed to act as Brigade Surgeon upon the Staff of Acting Brig. Gen. Amory. He has acted in that capacity until the present time, but, at the same time, continues in charge of the Regiment.

Dr. O. Warren was detailed as Assist. Surgeon on the 17th of July, 1861, and upon July 25th he was relieved by Dr. I. H. Willard, of Boston. Upon the request of Col. Hinks, Dr. Willard was transferred to the 19th Regiment Mass. Vols., and his place filled by Dr. W. H. W. Hinds (then of the 19th Regiment Mass. Vols.). The latter has continued to serve in the 17th Regiment until the present time.

Upon the 15th of August, Dr. Ayres was appointed 2d Assistant

Surgeon. He was immediately detailed to take charge of the troops at Hatteras Inlet, and up to this time has done no duty with the Regiment.

III.—PLACE OF RECRUITING, &c.—The Regiment was recruited principally from the towns of Danvers, South Danvers, Haverhill, Salisbury, Amesbury, Newburyport, Salem, Gloucester, Boston, Lawrence, and Malden, in the County of Essex. The Regiment went into camp on the 10th of July, 1861, at Lynnfield, and was first mustered on the same day, by Capt. Marshall, U.S.A. Number of enlisted men, eight hundred and forty-two (842.)

IV.—MOVEMENTS OF COMMAND, &c.—The Regiment left the place of rendezvous upon the 22d of August, 1861, and arrived at Baltimore upon the 24th of August, and bivouacked the first night west of the city of Baltimore. Upon the 25th, went into camp at Stuart Place (so called). Upon August 31st, broke camp and marched four miles to McKinis, on the other side of the city. Upon the 2d of September returned to Stuart Place.

On the 16th of November, six companies (500 men) embarked at Baltimore to join the expedition under Gen. Lockwood, for the Eastern Shore of Virginia. The Regimental Surgeon was left at Baltimore in charge of the hospital and remaining four companies. The Assistant Surgeon accompanied the expedition. The troops arrived at Newtown, Md., Nov. 17th, at 12, M., and encamped in a cornfield, on the bank of the river, on low ground. Nov. 19th, marched to Drummondtown, twenty-seven miles; camped in a large cornfield, low ground. Nov. 26th, marched to Pongateague, twelve miles; camp on low ground. Nov. 27th, marched to Franklin, twelve miles; camp on higher ground, near a stream. Nov. 28th, marched to Eastville, thirteen miles; camped in a large field, on low ground. Dec. 1st, marched to Cherry-stone Creek, seven miles; camped in the woods near the creek. Dec. 2d, embarked on board steamer "Kent," and started at 8, A.M., for Baltimore. At 3, P.M., put about on account of the weather, and anchored again at the creek, and remained there during a snow storm. Started again on the morning of Dec. 4th, and arrived at Baltimore at 8, P.M., same day.

On the 27th of March, 1862, the Regiment embarked on board steamers "Star of the South" and "Marion," and in company with the 103d N. Y. Infantry, 3d N. Y. Artillery, and 2d Maryland Infantry, started for Newbern, N. C., and arrived there on the 1st of April, 1862. The Regiment went into camp in the town of Newbern, where it remained until the 7th, when the right wing moved five miles up the Neuse road for picket duty; the left wing moved six miles up the Trent road, for the same duty. April 14th, the right wing moved ten miles to the Red House (so called), where it remained till the 29th, when it joined the left wing at Jackson Place (so called). May 6th, the Regiment moved up the Trent road on a

reconnoissance, and returned the same day. May 10th, one company, while out upon a reconnoissance, lost three men drowned in the Trent river. May 15th, the Regiment marched nine miles towards Trenton, when they met the enemy, and after a short skirmish, defeating them, returned to camp the same day. May 22d, Co. I, while out upon a reconnoissance, were ambuscaded, and lost nine men wounded (two mortally), and one killed. May 25th, the Regiment embarked and sailed up the Neuse river, seven miles, to Swift's Creek Village, where a slight skirmish ensued, with no loss on our side. Next day, marched twenty miles to a landing, when the Regiment bivouacked for the night, and crossing the river next morning returned to camp. May 30th, the Regiment returned to Newbern, distance six miles. July 7th, the Regiment moved to the south side of the Trent river, distance two miles, and encamped near the County Bridge. On the 26th, six companies marched to Polluxsville, fourteen miles, and returned to camp next day. July 31st, left camp, and crossed the Neuse River. August 1st, the Regiment marched towards Swift's Creek, five miles, and returned to Newbern, raining torrents all the time. August 23d, again marched to Swift's creek, seven miles, and returned to camp next day. Oct. 30th, seven companies embarked and proceeded up the river to Street's Ferry, nine miles from Newbern, where they disembarked, and marched seven miles towards Swift Creek, arriving at night. Here a short skirmish took place, in which we lost one man wounded. Next day, the battalion moved six miles towards Washington, where they bivouacked for the night, and the succeeding day reached Washington, distance seventeen miles. Nov. 2d, marched nineteen miles, in the direction of Williamston, when they bivouacked for the night. Nov. 3d, passed through Williamston, marching ten miles. The next day's march was in the direction of, and through, Hamilton, distance eleven miles. Next day proceeded towards Tarboro', fourteen miles. On the 6th, marched by a different route, fourteen miles, to Hamilton. 7th, returned to Williamston, twelve miles. 8th, remained in camp. 9th, marched twelve miles towards Plymouth. 10th, the Regiment embarked for Newbern, where it arrived on the 11th of November.

The surface of the country, for twenty-five miles around Newbern, is universally low, level, sandy, swampy and highly malarious. The Regiment having been much exposed to night air, suffered extremely from such exposure; nearly every man in the Regiment having had, at least once, an attack of miasmatic disease. In the month of August, eleven hundred (1100) cases are reported. The Regiment became so much reduced as to be hardly able to perform camp guard duty. It was, therefore, by recommendation of the Regimental Surgeon, relieved from picket duty, and placed in the most healthy quarters in the Department, viz., the houses in the town of Newbern. On the 22d, the Regiment moved into the town of Newbern, occupied houses for quarters, and performed provost guard duty.

It cannot now be ascertained in how many cases the disease originated before enlistment.

VI.—EPIDEMICS, &c.—Soon after the Regiment went into camp at Lynnfield, simple diarrhœa was a prevailing complaint, induced by change of water, diet and general mode of living. Recovery took place in every case. The same thing has usually occurred, but to a less extent, whenever the troops have changed their location.

Upon the return of the six companies from the expedition to the Eastern Shore of Virginia, the men were compactly crowded together on board a steamer, and there confined at least sixty hours. During this, they were unable to lie down for want of room, and no adequate ventilation could be obtained. The senior medical officer in charge was Brigade Surgeon J. C. McNulty. In about one week after the companies reached their camp, typhoid fever began to appear, and twenty-five cases occurred among the men who had been transported as above mentioned. These cases were of the severest type, and five of them proved fatal.

During the winter and early part of the spring of 1861 and 1862, bronchitis was extremely prevalent. But few cases of pneumonia occurred; and upon the removal of the Regiment to North Carolina, this epidemic entirely disappeared. Recovery took place in nearly every case.

Venereal disease, both syphilis and gonorrhœa, prevailed extensively in the Regiment during its stay in Baltimore. Rapid and complete recovery was secured in all cases, which were treated as follows. For gonorrhœa—injections of a weak solution of sulphate of zinc, one grain to the ounce, every *hour* or *half hour*, rest and light diet. By this treatment the disease was universally cut short, no discharge appearing after the commencement of the treatment. For syphilis, cauterization of the chancre in the first instance, followed by the constant application of black wash. The cases thus treated all recovered without secondary disease.

Contagious diseases have not prevailed at any time in the Regiment. A very few sporadic cases of scarlatina, rubeola, diphtheria and varioloid have appeared. The isolation of these cases effectually prevented their increase. In the latter part of June, 1862, malarious disease began to appear, increasing in severity, and prevailing more extensively as the season advanced, until November, when the Regiment was quartered in town, as above mentioned. It was advised as early as September, by the Regimental Surgeon, that the Regiment should be relieved from picket duty, put in quarters selected for their hygienic advantages, and required to do only such duty as would be conducive to health. Notwithstanding the extreme prevalence and severity of miasmatic disease, but few deaths occurred. During the months of August and September, 1800 cases are reported; but of these, only three

cases proved fatal. In many cases, however, paralysis agitans, chorea, and ascites, from hepatic disease, resulted. In other cases the constitution was completely broken down, and the men were discharged the service. No treatment was of any avail except by quinine, and this was most effectual. When cinchonism was rapidly produced, the disease was immediately broken up. It was rare that a patient would have a second paroxysm after coming under treatment. Renewed exposure to malaria, however, generally reproduced the disease. Experiments were made with quinine and cinchonine as prophylactics, without satisfactory result. Those companies which took these medicines daily, appeared to be as much affected by the disease as those who did not take it. The experiments, however, were too limited to be of practical value.

All the sick have been treated in the Regimental Hospital. None but convalescents, and cases of chronic disease not amenable to treatment, have been sent to General Hospital.

VII.—FREQUENT ISSUES OF FRESH MEAT, &c.—From the time of the organization of the Regiment, July 10th, 1861, until March 27th, 1862, full rations of fresh beef and vegetables were issued six times per week. From the latter date to the present time the average issue of fresh beef has been four times a week; fresh vegetables, twice a week.

The proportional issue of mess beef to that of pork or bacon, has been as that of three to one.

Newbern, N. C., February 20th, 1863.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 9th.—*Diphtheria*.—Dr. CABOT said he had been called to a little boy, 7 years old, living in Osborn Place, who had symptoms of croup. No membrane was seen, but the tonsils were red, with white spots at the bottom of the crypts, as in old inflammation of those organs. As he was on the verge of suffocation, Dr. C. performed tracheotomy. The patient expelled several pieces of false membrane, some of which were casts of the bronchial tubes; and one was evidently formed at the bifurcation of the trachea. The boy lived seventy-one hours, and then sank from exhaustion. Four days afterwards, Dr. Cabot was called to the child's mother, 32 years old, whom he found *in articulo mortis*, with a diphtheritic deposit in the throat. The grandmother of the patient, aged 60 years, also had a sore throat with the same deposit. Dr. C. prescribed chlorate of potash internally, and a gargle of the same with hydrochloric acid. This patient afterwards had slight paralytic symptoms, but ultimately recovered. A young man living in the neighborhood, who had seen the patients, died of the

same disease. Other members of the family had sore throats, but no deposit in the fauces.

Dr. HODGES said he had lately attended (for Dr. C. D. Homans) a young man in Village Street, who had been in the city about two months. He was attacked with sore throat on Wednesday, and Dr. H. saw him on Friday, when he was aphonic, with a pulse of 120, and patches of lymph in the throat, unaccompanied by any swelling, as in tonsillitis. The symptoms did not then appear to be urgent. The next morning the patient was much prostrated; he had coughed up in the night a large piece of membrane of a tubular form. Unfortunately, it had been thrown away, so that Dr. Hodges did not see it, but it was so large that it could not go down the waste-pipe of the wash-basin. He gradually failed, the respiration becoming labored, and died Sunday noon. The appearances in the throat underwent no change during the sickness. No other member of the family was affected.

Dr. PUTNAM had attended a lad, 18 years old, living in Province House Court, who had a sore throat. The parts were red and swollen, without any deposit of lymph. The patient got much relief from the discharge of what was supposed to be an abscess. In two weeks, a diphtheritic deposit was noticed on the posterior part of the uvula. He improved, and went into the country, where, at the end of a fortnight, he suddenly died. He had no dyspnoea, but some difficulty in swallowing. On first going out of town he was able to walk half a mile without inconvenience, and in fact was "about house" till the day before his death, though for the last few days he had become very much more feeble. The case was at first treated by chlorate of potash, locally and internally. Subsequently he had stimulants and tonics.

FEB. 9th.—*Croup; Tracheotomy; Recovery.*—Dr. MINOT said he was called, on the evening of Jan. 27th, to see a little girl, 9½ years old, who was suffering from great dyspnoea. The child was a native of Fredericksburg, Va., and was living there at the time of the bombardment of that place by our forces, the home in which she lived having been destroyed by the shells. She then went to Washington, where she took cold, Jan. 13th, by going out too thinly clad, and had frequent cough, hoarseness, and attacks of difficulty of breathing. Her friends, not supposing that she was very ill, brought her on to Boston, and she had several alarming paroxysms of dyspnoea on the journey. In the intervals between the attacks, she seemed not very sick, had a good appetite, and played with other children. She grew worse on the 27th, had a frequent hoarse cough, aphonia, and gradually increasing difficulty of breathing. No lymph could be seen in the throat, but the labored respiration made it evident that nothing but tracheotomy could save the life of the patient. Dr. Gay, who saw the child in consultation, agreed in this opinion, and with his assistance Dr. M. operated at once. The relief was immediate. No lymph was expelled, but the inner surface of the trachea was intensely red. The patient did well, and the tube was removed on the sixth day. On the morning of the ninth day, the weather having suddenly become very cold the night previous, the symptoms returned, and it became necessary to replace the tube, the opening in the trachea having meanwhile nearly closed. The symptoms again abated, the tube was again removed in thirty-six

hours, and the child is now well. No lymph was ever expectorated in this case, and probably none was formed. The case seems to have been one of laryngitis, with closure of the glottis from swelling. During the convalescence of this patient, a member of the family (an adult female) was attacked with acute inflammation of the tonsils, which terminated in resolution in a few days.

Dr. GAY said that on Jan. 24th, he performed the same operation on a little girl, 3½ years old, living in Allen Street. This child is now well. Before and after the operation it expelled a good deal of membrane. This child, like Dr. Minot's patient, had a severe cold, and was very hoarse the day after the sudden "cold snap," but there was no obstruction to the breathing, and it was not necessary to replace the tube.

FEB. 23d.—*Croup; Tracheotomy; Death.*—Dr. MINOT said he was called, on the afternoon of Feb. 9th, to see a little boy, 7 years old, with croup, in consultation with Dr. T. E. Francis, of Brookline. The patient was attacked with sore throat, cough and hoarseness on the 6th. When seen by Dr. M. he had aphonia and labored respiration. The tonsils were swollen, and on their surfaces were seen a few streaks of lymph. Dr. Francis performed the operation of tracheotomy, with immediate relief to the breathing. The child expelled several fragments of membrane, both from the mouth and from the tube, during the night and on the following day, but the breathing gradually became obstructed again, and the patient died on the morning of the fifth day after the operation, apparently from exhaustion. He took nourishment freely up to an hour before his death. There was no autopsy, but it seemed probable that the disease had extended to the bronchial tubes. During the last two days the tube was wholly removed, and the wound prevented from closing by the occasional introduction of the dilator and swab, and the expulsion of the bronchial secretions seemed to be much facilitated thereby. The father of the child, the nurse and Dr. Francis, were all attacked, about Feb. 13th, with sore throat, accompanied with much prostration; but with the two former, at least, this could be traced to exposure to cold.

FEB. 23d.—*Lesion of Accommodation of the right Eye, only, consequent on nursing with the right Breast.*—Dr. BETHUNE reported the following case:—Catharine A., health pretty good, but four years ago had an attack of pain in region of the heart, and palpitation. Married ten years; she has had six living children and two miscarriages. These children she has nursed for the usual period, and in every instance during nursing she has had an attack similar to the present, which has disappeared after weaning the child. She has never been able to nurse from the left breast, in consequence, as she says, of a sore nipple subsequent to her first confinement. The left breast, however, fills with milk, though not to the same amount as the right, and after the right is emptied by the nursing she feels the milk pass from the left to the right breast, and the left is gradually emptied also. The breasts show nothing peculiar, except the non-development of the left nipple.

The present attack, in the right eye only, goes back ten months. Objects seem clear at first, but become blurred after a short use of the eye; she has also darting pain in the eye two or three times a day. The eyes present nothing abnormal to the examination. The pulse is

feeble and irregularly intermittent. The same intermission is observed in the heart, with rather a heavy beat. She was told to wean the child, and give the eye rest.

Feb. 7th.—Not improved. Take two grains of quinine thrice a day ; lotion of diluted alcohol.

14th.—The same. With a convex glass of a certain focus, she can read at the normal distance. To use this glass for a while.

It is very unusual to find the symptoms above described confined to one eye only, so much so that Dr. B. thought the connection between this eye and the corresponding breast is more than a coincidence.

The statement of the passage of milk from one breast to another, Dr. B. gave as he heard it. The patient is an Englishwoman of fair intelligence, and could hardly have been mistaken in her sensations. Dr. Hay, who was present on one occasion, confirms the exactness of the statement.

Bibliographical Notices.

The Principles and Practice of Surgery, embracing Minor and Operative Surgery ; with a Bibliographical Index of American Surgical Writers from the Year 1783 to 1860. Arranged for the use of students, and illustrated by 400 Wood-cuts and nearly 1000 Engravings on steel. By HENRY H. SMITH, M.D., Professor of Surgery in the University of Pennsylvania, &c. 2 Vols. 8vo. Pp. 1595. Philadelphia : J. B. Lippincott & Co. 1863.

THE author has brought together in the present volumes the matter formerly published in three distinct works, namely, *Minor Surgery*, *Operative Surgery*, and *The Practice of Surgery*. These treatises, he states, have been carefully revised and re-written in many portions, so as to form a text-book for students and the younger members of the profession. The first volume contains, by way of introduction, a general history of surgery, a chronological sketch of its progress in the United States, and a full bibliographical index of American works on subjects connected with the practice of surgery from 1783 to 1862. It embraces general surgical pathology and therapeutics, and such surgical disorders as do not demand operations for their relief. The second volume treats of sectional disorders and operations, arranged according to an anatomical rather than a pathological system, and contains descriptions of the topographical anatomy of the various regions into which the subject is divided, with numerous engravings upon steel in illustration of the operations and of the instruments employed. In connection with each of these divisions is a list of all the papers published by American surgeons in reference to the particular subjects they embrace. Thus, for instance, under "Disorders and Operations of the Head and Face," 328 papers, published in the various medical journals of the country during the last half century, are arranged by title chronologically, and afford a valuable means of easy reference to one wishing to study the history of any operation.

We wish, however, that the author had extended his researches into the literature of other countries also. We do not understand by re-

gional surgery the necessary observance of geographical as well as anatomical boundaries, and as much as we cherish patriotism, we would not have it applied to science, which should know no national limits. The work is not intended for foreign surgeons, who may require enlightenment upon the state of operative surgery in America, and badly enough they do need it, but for the student and young practitioner, who wish to know the latest results of observers in science in all countries. We are sorry to see a text-book written in 1862 so far behind the age as to entirely ignore some of the latest doctrines in regard to the nature and treatment of syphilis, for instance, the very first disease, probably, which the young physician will be called upon to treat, and to dismiss the ophthalmoscope with a notice of a few lines only. It is not our intention, however, to attempt here a critical review of the work before us, or to discuss the doctrines of the author, some of which certainly are very peculiar, and are, as we believe, at variance with the results of the observations of others. He has, however, as it appears to us, succeeded in an honest endeavor to prepare a useful work of study and reference for the student of medicine.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 19, 1863.

REPORT OF THE SURGEON-GENERAL OF MASSACHUSETTS FOR THE YEAR 1862.—The last annual report of the Surgeon-General is before us, and we find it to contain much matter of historic value, as showing the interest which our State Government takes in her sons while far away from their homes, engaged in the cause of our common country. They are not left to the care of the General Government alone, under whose authority they are acting and whose proper business it is to see that they are supplied with all the necessities and comforts requisite to keep them in a state of the highest military efficiency, but with true paternal regard they are watched over by our State authorities also with untiring solicitude; so that they are constantly led to feel that absence has not made us unmindful of them, but rather increases our affectionate interest in those who are making such sacrifices in a righteous cause.

The present report of the Surgeon-General contains a succinct narrative of what has been done by the State and the medical profession here, in order that the Massachusetts regiments might be supplied with the best possible skill and means for protecting and preserving their health. On the very first page we find that in addition to the medical supplies furnished by the United States Government, extra hospital stores, dressings and instruments have been contributed to several regiments, and, in the case of those stationed in malarious districts, an abundant supply of quinine and opium has been furnished, to meet the requirements of prophylactic use. Next follows a history of the medical bureau, so to speak, of the State. Due mention is made of those honored members of the profession who were the first to take the field, and their names here find a permanent record. Then comes an account

of the Medical Commission of the State, and the means which it has adopted to secure to our soldiers and to the army in general the best professional skill available. A full list is given of all the surgical appointments from this State. We find the names of one hundred and eighty-four surgeons on this list, of whom seven have laid down their lives in the service, four of them having been killed in battle. A number of members of the profession have on different occasions been engaged for a time in some special service connected with the army, and the history of all these commissions we find faithfully recorded in the report before us. An account is also given of the examination of claimants for exemption from military duty. The Surgeon-General dwells with special emphasis on the neglect, or something worse, of those examiners of recruits, who, in too many instances, have allowed men to be enrolled who were physically incapable of performing military duty. This subject we have commented on more than once, and we are glad to find that such neglect of duty meets with impartial condemnation from the Surgeon-General.

By means of State Agencies in Washington, Baltimore, Philadelphia and New York, a personal supervision over the welfare of our soldiers has been constantly kept up, and accurate lists of the sick and wounded from our State have been regularly supplied to the authorities here, to the great relief and comfort of their friends, giving them the means of constant communication with them, thus greatly mitigating their trials and sufferings. The continuance of these agencies is strongly recommended by the Surgeon-General.

The subjects of a Sanitary Board to look after the hygienic condition of the State camps, the importance of a proper attention to the cooking of the soldiers' food, and the great evils resulting from overcrowding of the men on board of transports, all receive due consideration in this report. Of this last, the Surgeon-General says with indignant emphasis :—

"There is one subject on which I venture to hope your Excellency will utter no uncertain sound. This is the outrageous and culpable inattention and neglect of government officials shown in the transportation of our troops. The unseaworthy condition of the ships sailing from other ports than this; the overcrowding, the want of room and facilities for proper ventilation, with a general disregard for the comfort of the men—call loudly for reform. It would be difficult to calculate the amount of morale and physique lost to a regiment by such a disregard of the common conditions of health. These transports are not intended for slave pens, but for the conveyance of the soldier whose manliness and better nature should not be crushed out by these circumstances."

We cannot forbear making another quotation as evidence of the patriotism and good behavior of the men whom Massachusetts has sent into the field. It is as follows :—

"I may be allowed to add, as the result of my observation and experience in the duties of this department, the conviction that Massachusetts soldiers are to be relied upon for their word as implicitly as any other class of citizens. Nearly every man absent from his regiment reports here for instructions; and among all who have thus had occasion to apply, not one, so far as I know, has failed to return at the expiration of a furlough granted him, unless prevented from travelling by extreme sickness; instances of unwillingness to return to duty after convalescence are rare. From this fact we may infer how rarely wanton desertion from duty, or absence without leave, occur among our Massachusetts troops."

So much has been said of desertions from the army that we are glad

to find such proof that the stigma does not attach to the Old Bay State.

And so we take leave of this interesting report. It shows that the office of Surgeon-General is by no means a sinecure, and that the present incumbent is most untiring in his devotion to its duties.

MALARIAL DIATHESIS.—The *Chicago Medical Journal*, in noticing Surgeon Bidwell's communication on Malarial Diathesis, which we published in our issue of Feb. 12th, remarks as follows :—

We call our contemporary's attention to the fact that this is by no means a *new* symptom, as it most certainly is not a pathognomonic one. In a communication to the *Western Journal of Medicine and Surgery*, August, 1851 (re-printed in the *American Journal of the Medical Sciences*, October, 1851, page 555), Dr. Thomas C. Osborne, of Erie, Ala., points out this same symptom. We extract a single paragraph from his article with regard to what he designates "the malarial margin" :—

"As the name imports, it is an essential departure from the normal aspect of the edge, constituting a distinct lateral boundary of the tongue, occupying more or less surface, according to the charge of infection in the system. Ordinarily, the color amounts only to a very faint bluish tinge, which is liable to be lost, or merged in the various tints imparted to the tongue in various diseases. The most fixed condition of this symptom is an appearance of indentation or crimpling transversely, which is apparently confined to the subjacent tissue, while the superficial integument is moist, smooth and transparent. In a word, it seems to be a continuation or encroachment of the inferior surface upon the superior and lateral borders of the tongue, greater as we approach the root of that organ."

Dr. Osborne attributed great importance to this condition of the tongue as proving "malarious" poisoning, and as indicating the use of quinine. He asserted that he was able, by observing it, to predict an attack of malarious disease, many days before its occurrence.

Largely familiar as we have been with the multiform varieties of intermittent and remittent, we must be permitted to say, that although this condition of the tongue is quite common in these forms of disease, yet it is by no means constant, even in the most strongly-marked cases. In these, as elsewhere, the tongue is prone to deceive. It is an occasional, but not a pathognomonic symptom.

We are much interested in this extract, which is as new to us as it probably is to Dr. Bidwell; confirming as it does so fully his observations. Whether the sign in question is pathognomonic or not, may it not be that the cases observed by Dr. B. were so thoroughly saturated with the malarious poison in the extremely sickly region in which he was situated, that within the range of his observation, at least, his opinion was literally correct?

THE ANNUAL COMMENCEMENT OF THE HARVARD MEDICAL SCHOOL took place on Wednesday, the 11th inst. The graduating class numbered forty-two. The occasion was a very interesting one, and was honored by the presence of his Excellency the Governor and many gentlemen of literary and scientific tastes. The Address to the graduating class was delivered by Professor Bowditch, and was a most eloquent testimonial to the dignity of the medical profession, and a most earnest appeal to his auditors to make it the means of the highest development of the noblest traits of human character. It was listened to with unabated interest throughout, and the frequent bursts of applause showed how truly the orator touched the chords of a genuine sympathy in the breasts of his hearers. The address was worthy of a

larger audience than the hall could contain, and we hope it will be given to the public in print.

MASSACHUSETTS MEDICAL COLLEGE.—The following gentlemen received their medical degrees from Harvard University on the 11th inst.:

Name and Residence.

Thesis.

John Morton Barnaby, <i>Cornwallis, N. S.</i> ,	Diphtheria.
John Moody Bingay, <i>Tusket, N. S.</i> ,	Tartar Emetic.
Wallace Bolan, <i>New Sharon, Me.</i> ,	Diphtheria.
Thomas Crozier, Jr., <i>Charlestown</i> ,	Secondary Hemorrhage.
Charles Dutton, <i>Mt. Vernon, N. H.</i> ,	Causes of Insanity.
Artemas Ira Fenn, <i>Boston</i> ,	Gun-shot Wounds.
Eugene Rufus Fiske,	{ From what cause does the Periodicity of Miasmatic Diseases arise?
Lorenzo Smith Fox, <i>Lowell</i> ,	Pericarditis.
George Ebenezer Francis, <i>Lowell</i> ,	The Tourniquet.
John Brown Garvie, <i>Halifax, N. S.</i> ,	{ The Nobility of the Medical Profession.
John Henry Gilman, <i>Lowell</i> ,	Pneumonia.
George Lincoln Goodale, <i>Portland, Me.</i> ,	Malignant Anthrax.
Jasper Spurzheim Grant, <i>Ossipee, N. H.</i> ,	Pneumonia in Children.
Neil K. Gunn, <i>Inverness, N. S.</i> ,	The Science of Medicine.
John Hart, <i>Boston</i> ,	Acute Articular Rheumatism.
David Hyslop Hayden, <i>Boston</i> ,	{ Treatment of Simple Fractures of the Thigh, by Dr. Buck's Apparatus.
Arthur Kemble, <i>Wenham</i> ,	Typhoid Fever.
William Dickson Knapp, <i>Sackville, N. B.</i> ,	Duties of the Physician.
Horace Samuel Lamson, <i>Providence, R. I.</i> ,	Insanity.
Marshall Larkin Lindsay,	Chronic Hydrocephalus.
Murdoch MacGregor, <i>Cape Breton</i> ,	Phlegmasia Dolens.
Daniel McLean, <i>Charlottetown, P. E. I.</i> ,	{ The Influence of Tobacco on the human system, with cases il- lustrative of its Effects.
John Chisholm McLellan, <i>Economy, N. S.</i> ,	Diphtheria.
Hugh Flournoy McNary, <i>Princeton, Ky.</i> ,	Muscular Activity.
Daniel McPhee, <i>York River, P. E. I.</i> ,	Diphtheria, as it is.
Albert Leshman Mitchell, <i>Chester, N. S.</i> ,	Acadian Climatology.
George Merrick Nichols, <i>Dorchester</i> ,	Hysteria.
George Sterne Osborne, <i>S. Danvers</i> ,	Delirium Tremens.
Edgar Parker, <i>Bridgewater</i> ,	Indigestion.
John Eleazer Parsons, <i>Charlestown</i> ,	{ Effects of Mental Emotion on the human body in health and disease.
John Gardner Perry, <i>Boston</i> ,	{ The comparison of Water Dressings with Poultices in the Treatment of Gunshot Wounds.
Elisha Hervey Quimby, <i>Salem</i> ,	Hepatitis.
William James Radford, <i>Boston</i> ,	Adjuncts to Diagnosis.
Eugene Patterson Robbins, <i>Boston</i> ,	Bright's Disease.
George Eastman Stubbs, <i>Strong, Me.</i> ,	Diagnosis.
Charles Everett Vaughan, <i>Cambridge</i> ,	Affection of Sight in Albuminuria.
Emerson Warner, <i>Wilbraham</i> ,	Scarlatina.
Dewey Kellogg Warren, <i>Boston</i> ,	Diagnosis.
George Clark Webber, <i>Deep River, Ct.</i> ,	{ Croup—Its Natural History and Treatment, medical & surgical.
James Wightman, <i>Georgetown, P. E. I.</i> ,	Intermittent Fever.
Reuben Augustus Wilbur, Jr., <i>Plympton</i> ,	Pleuritis.
Alexander Morris Wood, <i>Boston</i> ,	Lead Disease.

Boston, March 18th, 1863.

D. HUMPHREYS STORER,
Dean of the Med. Faculty.

THE *American Medical Monthly* for December, 1862, has just reached us, and we regret to observe that it closes with the announcement of

its discontinuance. The reason assigned is the continual absence of the Editor from New York, which prevents his giving attention to his editorial duties. With the close of the war he hopes to resume his post. We shall greet his return as cordially as we now regret his withdrawal.

LEAD COLIC SUCCESSFULLY TREATED BY GALVANISM.—The *Journal de Médecine de Bordeaux* mentions that in a case of lead colic, in which there had been obstinate constipation for five or six days, which had resisted the action of purgatives, the application of Faradization to the abdominal walls was followed in ten minutes by copious evacuations, with entire relief to the pain.

THE BRISTOL NORTH DISTRICT MEDICAL SOCIETY held their annual meeting recently at the Taunton Hotel. The following officers were chosen :—

President—Dr. John R. Bronson, of Attleboro'.

Vice President—Dr. Joseph Murphy, Taunton.

Secretary and Treasurer—Dr. John B. Chace, Taunton.

Censors.—Drs. Henry B. Hubbard and John B. Chace, Taunton, and John R. Bronson, Attleboro'.

Councillors.—Drs. Henry B. Hubbard and Charles Howe, Taunton, and Wm. G. Allen, Mansfield.

Librarian—Dr. Ira Sampson, Taunton.

Delegates to the American Medical Association.—Drs. Joseph Murphy, Taunton; Thaddeus Phelps, Attleboro'; John B. Chace and Henry B. Hubbard, Taunton.

Com. on Trials—Dr. Thaddeus Phelps, Attleboro'.

Essayist—Dr. Henry B. Hubbard, Taunton.

William Allen, M.D., of Mansfield, was admitted as a member.

Dr. Joseph Murphy read a very able and interesting essay on Puerperal Convulsions, for which he received the thanks of the Society, and a copy was requested for publication in the Boston Medical and Surgical Journal.

Dr. John B. Chace presented for the examination of the members a splint for fracture of the femur, with a modification designed by himself, and which received the approval and commendation of the members. By this splint extension may be made, and the knee-joint flexed or extended at pleasure without interfering with the extension.

J. B. CHACE, *Secretary*.

UNFITNESS OF RECRUITS UNDER TWENTY YEARS OF AGE.—We print the following extract from the recent work of Dr. Aitken on Recruits, as it appears in the *Dublin Quarterly's* notice of that work. The numerous instances of young men under twenty in our army who have broken down under the labors and hardships of military life fully confirm its truth.

"As the twig is bent, so the branch will grow. I have shown you that till the twentieth year of life the ribs behind are still unfinished, soft at their joint ends, where resistance and motion occur, and where they are still growing. The breast-bone in front is in a similar condition. It is obvious, therefore, that continued pressure upon these parts from before and from behind must exercise a material influence in fixing

the future form of the chest. The cartilages of the ribs in front and the breast-bone ought to have full freedom to rise upwards and advance forwards at every inspiration, for thus the diameter of the chest, "from before and behind, is naturally increased at every act of breathing. Any pressure on the chest, therefore, exerted between the front aspect and the back, when the bones are still growing, must *tend to set the further growth of the bones in an unnatural direction*; for in order to maintain the vital capacity of the lungs, the capacity of the chest cavity from side to side must come to be increased, at the expense of the cavity in the other and normal direction. The capacity of the lungs goes on increasing with age, and height, and growth, so that men from five feet to six feet high inspire from 174 to 262 cubic inches in a progressively ascending scale. The growth of the heart also goes on relatively to the growth of the body."

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.—The annual commencement took place on the evening of March 5th, when the degree of Doctor of Medicine was conferred on 56 graduates. The address was delivered by Professor Metcalfe. The Mott medals were awarded as follows: to Faneuil D. Weisse, the gold medal; G. E. Vartanyan, the silver medal; also the Metcalfe prizes, three in number, to H. J. Devlin, R. D. Nesmith and Wm. M. Dorrان.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 14th, 1863.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	44	34	78
Ave. mortality of corresponding weeks for ten years, 1853—1863,	36.9	35.5	72.4
Average corrected to increased population	00	00	79.80
Death of persons above 90	0	0	0

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
16	3	2	6	0	0	1	2

PAMPHLETS RECEIVED.—Transactions of the Ohio State Medical Society, 1862.—Annual Report of Saint Vincent's Hospital, New York, for the year 1861. (From Dr. Finnell).—Catalogue of the Officers and Students of the University of Michigan, for 1863.—Reports on the Operations of the Inspectors and Relief Agents of the Sanitary Commission, after the battle of Fredericksburg, Dec. 13, 1862, by J. H. Douglass, M.D., Associate Secretary San. Com., and G. W. Brink, M.D., Inspector San. Com.—Report of the Committee on Military Affairs and the Militia, in the Senate of the United States, to whom was referred the petition of Dr. William T. G. Morton, asking compensation for the discovery and gift to his country and mankind of the application of ethereal vapor as a safe and practical anæsthetic, or pain-subduing agent. (From Senator Wilson.)

DIED.—In South Wilbraham, March 3d, Marcus Cady, M.D., aged 66 years; and on March 7th, Hermonia A. Cady, his wife, aged 63 years.

DEATHS IN BOSTON for the week ending Saturday noon, March 14th, 78. Males, 44—Females, 34.—Abscess (pelvic), 1—apoplexy, 2—asthma, 1—stoppage of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—bronchitis, 6—burns, 1—consumption, 16—convulsions, 1—croup, 3—diphtheria, 2—dropey, 1—dropey of the brain, 3—exposure, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 5—infantile disease, 4—disease of the kidneys, 3—laryngitis, 1—inflammation of the lungs, 6—marasmus, 3—old age, 3—synovitis, 1—tabes mesenterica, 1—unknown, 7.

Under 5 years of age, 31—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 13—above 60 years, 5. Born in the United States, 60—Ireland, 15—other places, 3.